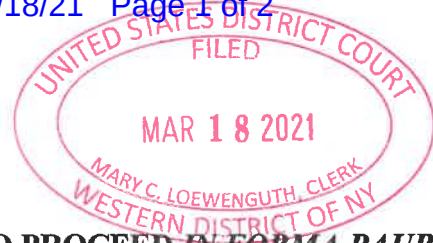


Revised 05/01/20 WDNV

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK**



NEIL F. GILLOTTI

(Name of Plaintiff or Petitioner)

**MOTION TO PROCEED IN FORMA PAUPERIS
AND SUPPORTING AFFIRMATION**

-CV-

21 CV 404

v.
UNITED STATES OF AMERICA
JAMES P. KENNEDY
138 DELAWARE AVE, BUFFALO, NY 14202
(Name of Defendant(s) or Respondent(s))

I, NEIL F. GILLOTTI, (print or type your name) am the plaintiff/petitioner in the above-entitled case and hereby request the Court's permission to proceed *in forma pauperis*.

In support of my motion to proceed without being required to prepay fees, costs, or give security therefor, I state that because of my poverty I am unable to pay the costs of this action or to give security therefor and that I believe I am entitled to redress.

I further declare that the responses which I have made in this affirmation below are true.

1. Are you presently employed? Yes ☒ No ☐
My Employer's Name and Address is: TECH SYSTEMS

My Gross Monthly Wages are: \$ 2,000

If you are not presently employed, state

Your Last Date of Employment: _____

Your Gross Monthly Wages at that time: _____

Is your spouse presently employed? Yes ☐ No ☐

My Spouse's Employer's Name and Address is: N/A

My Spouse's Gross Monthly Wages are \$ N/A

2. Have you received any money from any of the following sources within the past twelve months:

a. Business, profession or self-employment? Yes ☐ No ☒

If yes, state source and amount received per month \$ _____

b. Rent payments, interest or dividends? Yes ☐ No ☒

If yes, state source and amount received per month \$ _____

c. Pensions, annuities, disability, or life insurance payments? Yes ☐ No ☒

If yes, state source and amount received per month \$ _____

d. Gifts or inheritances? Yes ☐ No ☒

If yes, state source and amount received per month \$ _____

e. Child Support? Yes ☐ No ☒

If yes, state amount received each month \$ _____

f. Government Benefits (Social Security, SSI, Welfare, AFDC, Veterans, etc.)? Yes ☐ No ☒

If yes, state source and amount received per month \$ _____

g. Friends, Relatives or any other source? Yes ☐ No ☒

If yes, state source and amount received per month \$ _____

If you have not received any money from any of the above sources, please explain how you are currently paying your expenses:

RECENTLY EMPLOYED ON TEMPORARY BASIS FOR 2 YEAR TERM

3. What is your total gross monthly income today: \$ 2,000.00

4. How much cash do you have on hand? \$ ~~100.00~~

5. How much money do you have in a **checking account(s)**? \$ 1,700
6. How much money do you have in a **savings account(s)**? \$ N/A
7. If you are an inmate of a correctional facility, state the amount of funds in your inmate account (**NOTE: prisoners must have inmate account balances certified by an authorized official of the correctional facility and must include a signed Authorization for payment of the filing fee**): N/A
8. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? Yes ☐ No ☒
If so, **describe** the property in detail and give an **estimated value** of the property: _____

If you own property, are you paying off a **loan** or **mortgage** on it? Yes ☐ No ☒
If yes where are you obtaining the money to make such payments: _____

9. If you are not an inmate, state your **total monthly household expenses**:
Rent or mortgage \$ 585 Food \$ 200 Utilities \$ 200 All other expenses \$ 250
If your monthly expenses exceed the amount of income you listed in # 3 above, please explain how you are paying your expenses

10. List **all** of the people who are in your household and state the amount of money each one contributes to household expenses each month: SELF ONLY

11. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support: N/A

12. Have you been adjudicated bankrupt within the past ten (10) years? Yes ☐ No ☒
If the answer is yes, please include the court and date of filing _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____
(Date)

(Applicant's Signature)

PRISON CERTIFICATION SECTION

(Required for Prisoner Requests Only; Prisoner Requests Must Have This Section Completed By Prison Official)

I certify that the movant has the sum of \$ _____ on account to his/her credit at the _____
_____ Correctional Facility where s/he is currently confined.

I further certify that the movant has the following securities to his/her credit according to the institution's records: _____

I further certify that the movant's average account balance was \$ _____ during the last six months.

Signature of Authorized Officer of Institution

Print Name of Authorized Officer of Institution